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Bib Data Sheet

CONFIRMATION NO. 8526

SERIAL NUMBER 10/500,822	FILING OR 371(c) DATE 03/14/2005 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 817.1009US
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US03/00337 01/07/2003 which claims benefit of 60/346,746 01/07/2002 and claims benefit of 60/347,312 01/09/2002 and claims benefit of 60/368,617 03/29/2002 and claims benefit of 60/374,979 04/23/2002 and claims benefit of 60/389,364 06/17/2002 and is a CIP of 10/237,138 09/06/2002 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/12/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 25	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23280

TITLE

Oral insulin therapy

FILING FEE RECEIVED 2502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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